

History of Birth with Nutrition Related Congenital or Birth Defect

Definition/ cut-off value

A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A.

Pregnant Women: Any history of birth with nutrition-related congenital or birth defect.

Breastfeeding/Non-Breastfeeding: Most recent pregnancy

Presence of condition diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

Participant category and priority level

Category

Priority

Pregnant Women

I

Breastfeeding Women

I

Non-Breastfeeding Women

III

Justification

The single greatest risk for a pregnancy with a neural tube defect is a personal or family history of such a defect. More than 50% of recurrences can be prevented by taking folic acid before conception. Recent studies suggest that intake of folic acid may also be inversely related to the occurrence of cleft lip and palate. The WIC Program provides nutrition education and folic acid-rich foods to women to help prevent future birth defects.

Recurrent birth defects can also be linked to other inappropriate nutritional intake prior to conception or during pregnancy, such as inadequate zinc (LBW) or excess vitamin A (cleft palate or lip). The food package and nutrition education provided to WIC participants help women at risk make food choices that provide appropriate nutrient levels.

Clarifications/ Guidelines

Before assigning this risk code, be sure pregnancy and pregnancy outcome history is documented on the WIC-45, WIC-40, or WIC-41, whichever is appropriate. Document the nutrient related to congenital or birth defect.

Self-reporting for “History of...” conditions should be treated in the same manner as self-reporting for current conditions requiring a physicians diagnosis, i.e., the applicant may report to the CA that s/he was diagnosed by a physician with a given condition at some point in the past. As with current conditions, self-diagnosis of a past condition should never be confused with self-reporting.

References

1. Federal Register, Part III, DHHS, FDA, 21 CFR Part 101, Food Labeling: Health Claims and Label Statements; Folate and Neural Tube Defects; Proposed and Final Rule; Vol.61, No.44; March 5, 1996: pp. 8752-81.
2. Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment; 1996; pp. 207-8.